INFLUENZA SPECIMEN SUBMISSION FORM (Shaded area for lab use only) Patient Last Name		ALABAMA DEPARTMENT OF PUBLIC HEALTH BUREAU OF CLINICAL LABORATORIES INFLUENZA SURVEILLANCE REPORTING 8140 AUM Drive, P.O. Box 244018, Montgomery, AL 36124-4018 (334) 260-340 Patient First Name Patient MI								ADPH-BCL-300 09/2010 Specimen Received DD YYYY	
Patient Address	3										
Street Patient County of Residence		City Patient Date of Birth MM DD YYYY				State Patient SSN		ip , .			
Patient Sex	Patient Race		IVIIVI	Ethnicity	Rapid	Test Results	(if perfo	rmed)	Place Lab Sticker Here		
☐ Male ☐ Female ☐ Unknown	□ White □ Asian □ Unknown	□ African American□ American Indian/Alaska□ Pacific Islander/Hawaiia		☐ Hispanic ☐ Non-Hispanic ☐ Unknown		Influenza A Influenza B Influenza A/B	☐ Neg				
Onset Date MM DD	YYYY		ed to the	☐ Yes ☐ No ☐ Unknown Ind to the hospital? ☐ Yes ☐ No ☐ Unknown						Specimen Source ☐ Throat Swab ☐ Nasopharyngeal Swab	
Specimen Colle	ection Date YYYY	Has patient recently traveled outside of the country?							☐ Nasal Swab ☐ Nasopharyngeal Wash/Aspirate		
			Practice/Hospital Address					0:	'n	-	
			Street Physician Phone Number (If applicable)			City Practice/ Hospital Phone Number				State Zip Practice/Hospital County	